U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

1. File Number U - 🚅

Name $_{\mathrm{TED}}$

City

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

SHERMAN OAKS,

State California

5. Position in labor organization.

Street 15260 VENTURA BLVD., #1040

ELLIOTT

BOARD OF DIRECTOR

ZIP Coce + 4 91403

Ε

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

City

2. Fiscal Year Covered From:

9 / 1 / 2004 Through: 12 / 31 / 2004

ZIP Code + 4 90048

4. Name, file number, and address of labor organization.

Name WRITERS GUILD OF AMERICA

Labor Organization File Number 000-078

P.O. Box, Building and Room Number, if any

Street 7000 WEST THIRD ST.

LOS ANGELES,

State California

A. Held an interest in, engaged in transactions (including loans) with, monetary value f <mark>rom an employer whose employees your organi</mark> :		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Tran	saction, or Income.
Name JERRY BRUCKHEIMER FILMS	GIFT BASKET	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
,	7.b. Amount.	
Street 1631 10TH ST.		
City SANTA MONICA,		\$100
State California ZIP Code + 4 90404		
S	Gignature	
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompundersigned's knowledge and belief, true, correct, and complete. (See the	panying documents), has been exa	amined by the signatory and is, to the best of the
Signed \\	On 07/30/2005	(818)382-7800
7	Date	Telephone Number

Name of Person Filing TED ELLIOTT	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a Labor Ornagization	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Coce + 4		
10. If 9.b. or 9.c. is checked give trust or employer's rame.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	40 h Amarina	
The state of the s	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code - 4		
13 h Is the Rusiness an Employer or Consultant 2	14.b. Amount of payment.	